

KANSAS DEPARTMENT OF AGRICULTURE
DIVISION OF WEIGHTS AND MEASURES
P.O. BOX 19282
TOPEKA, KS 66619-0282

Report Number _____

Service Company _____ Date _____
Mailing Address _____ Zip Code _____
Placed in Service At _____
Address _____ Zip Code _____
Physical Location of Device _____

DEVICE INFORMATION

SCALE - Make _____ Model _____ S/N _____ NTEP CC _____
Accuracy Class _____ Nominal Capacity _____ Scale Division _____ Value of e _____

INDICATING ELEMENT - Make _____ Model _____ S/N _____ NTEP CC _____
Accuracy Class _____ Nominal Capacity _____ Scale Division _____ Value of e _____ CLC _____
n max _____

WEIGHING ELEMENT - Make _____ Model _____ S/N _____ NTEP CC _____
Accuracy Class _____ Nominal Capacity _____ CLC _____ n max _____ e min _____ Deck size _____

LOAD CELL - Make _____ Model _____ S/N _____ NTEP CC _____

METERS - Retail _____ Bulk _____ Wholesale _____ LPG _____ Refined Fuel _____

Gallons Per Minute _____ NTEP CC _____

If relocation, name and address where device(s) removed from: Facility name and address:

Replacing an old device _____ Serial Number of old device(s) _____

REMARKS: _____

Service Company _____ ID# _____ Technician _____ ID# _____

KDA requires that a test report be submitted with this installation report no later than 10 days after the service has occurred. If multiple devices are being installed at the same facility that are covered by the same Certificate of Conformance the serial numbers of the new devices and the devices being replaced may be listed on the back of the DI-701.

➡ **Original to Weights and Measures - Copy to be retained by facility and by service company**

DI-701-97